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FORM 1	FORM 1 ORGANIZATION		2012 AUG 13 AM IU: 19 Office Use Only	
NAME OF COMMITTEE (in fu	ull) (Check if name is changed)	Example:If typing, type over the lines.	1ŽFĚ4M5	
The Truth S	quad		11111	
			1 1 1 1 1 1	
ADDRESS (number and	street) PO Box 399			
(Check if addr is changed)	vess Vass		NC (28394
		CITY.	STATE	ZIP CODE
COMMITTEE'S E-MAIL	ADDRESS (Please provide only on			
(Check if a	dress dress	ncgrowers.org		
is changed)				
COMMITTEE'S WEB P	AGE ADDRESS (URL)			
(Check if ad	dress			
is changed)				
2. DATE 08"	2012	÷		
3. FEC IDENTIFICA	TION NUMBER	00491167		
4. IS THIS STATEME	ENT NEW (N) OR	AMENDED (A)		
I certify that I have exa	amined this Statement and to the b	est of my knowledge and belie	of it is true, correct	and complete.
Type or Print Name of	Treasurer Debra S Co	ompton	•	
Signature of Treasurer	Ocholo	ngor_	Date 08"	′ <mark>06° </mark> ′ <u>2012``</u>
NOTE: Submission of fall	se, erroneous, or incomplete informat	ion may subject the person signin		the penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Communication Toll Free 800-424-9530	ission	FEC FORM 1 (Revised 02/2009)